

# The Positive Approach To a Tuberculosis Nursing Program

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THE MODERN attack on tuberculosis has made tangible inroads on the control of this disease and gives us reason to look forward to the day when tuberculosis will no longer be a major public health problem. The decline in the tuberculosis death rate, from 45.8 per 100,000 population in the United States in 1940 (1) to 22.5 in 1950 (2), is one evidence of change for the better. We are discovering an increasing number of cases in the earlier stage of the disease; we have more hospital beds for tuberculosis patients than ever before; treatment methods are improving; and rehabilitation services are expanding. Health workers can have a more optimistic attitude toward tuberculosis control today than they could even as recently as 1940.

But we must remember that as the problem itself is lessened, the challenge it presents to health workers is intensified. This means that we must evaluate what we are doing in terms of productive action and revise our thinking and procedures to conform to modern concepts.

## Administrative Policies

How can nursing programs be adapted to fit this changing pattern of tuberculosis control?

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*Miss Roberts, nurse officer with the Division of Chronic Disease and Tuberculosis, Public Health Service, presented this paper at the annual meeting of the Philadelphia Tuberculosis Conference, October 31, 1952.*

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The positive approach to tuberculosis problems calls for enlightened administrative policies. Policies for tuberculosis control must be flexible enough to permit individual evaluation and application to each family situation. They must also change as changes occur in the needs of the patient and the community. They must give practical consideration to the available personnel and facilities to assure beneficial and economical use of all services. This is possible only when plans are made jointly by all those responsible for the various activities of tuberculosis control. For example, some health departments have been able to establish the policy that at least one public health nursing visit be made to the home of every reported new case of active tuberculosis. Such a policy affects many relationships and services of the health agency. Therefore, before a policy is established its need and broad implications must be considered by the health officer, the tuberculosis control officer, and the public health nursing director. They must make certain that the policy conforms to the responsibilities and objectives of the agency, and, simultaneously, they must make plans for it to be carried out.

Many more public health nurses are needed to meet community demands for nursing services in the home. With services for home care and care of the chronically ill expanding, we can expect the demand for nursing services also to increase. This means that policies regulating the discharge of patients from nursing service are as important as those relating to the admission of patients for care. Plans for care must give consideration to the laws of learning

so that the most intensive nursing service is brought to the family at the time the family's desire and need for learning is greatest. Work responsibilities given nursing personnel must be carefully evaluated in order to assure the best use of the education and skills of professional nurses.

Serious shortages in nursing personnel are frequently reported by tuberculosis hospitals. Yet in these hospitals it is not infrequently found that personnel policies lag behind those in the local general hospitals and health agencies, that facilities are inadequate for the protection of hospital personnel, and that the limited amount of professional nursing time is being used in the housekeeping, pharmacy, and dietary departments. Solution of these problems requires intelligent planning at the administrative level.

National organizations and committees have recognized some of the common administrative problems and have made recommendations for their solution. The Tuberculosis Nursing Advisory Service recently published "Cues to Staffing Tuberculosis Units in Hospitals" (3), which should help hospital nursing administrators to evaluate and plan for nursing service to patients. The American Trudeau Society has appointed a committee to study the hazards involved in tuberculosis nursing. We can look for the recommendations of this committee to assist us to make sound plans for the protection of patients and hospital personnel from tuberculosis infections. A subcommittee of the American Public Health Association's Committee on Administrative Practices is developing a guide for the medical and public health nursing supervision of tuberculosis cases and contacts (4), which should assist health departments in selecting tuberculosis families in need of nursing service and in determining the amount of service they need.

These guides are administrative tools which must be adapted to meet local needs and situations, if they are to be used effectively.

### **Coordination of Services**

Included among the community resources which contribute to the effectiveness of nursing

in general, and tuberculosis control are the medical care, social welfare, and rehabilitation facilities. It is important to bring these services into their appropriate supportive relationship with the agencies responsible for tuberculosis control. Through such coordination we can stimulate new interest and more active participation on the part of individuals and agencies unaware of their responsibilities in the tuberculosis control program. And, more important, we can find renewed vigor in attacking this disease. For example, many general hospitals are participating in case-finding activities by X-ray examinations of all clinic and hospital admissions, a group with a high incidence of tuberculosis. Many hospitals which previously refused to admit tuberculosis patients are now taking a more realistic view of their part in tuberculosis control. They are admitting tuberculosis patients and giving them at least immediate care until provisions can be made for long-term care. Also, because the hospitals identify the tuberculosis cases, they can carry out appropriate isolation procedures to prevent the spread of the disease to other patients and to hospital personnel.

In many areas tuberculosis hospitals and health departments are coordinating their efforts so that patient care is becoming an unbroken course from the point of discovery of the disease to complete rehabilitation. To assist in the coordination of services, some health departments employ personnel who work as liaison between the hospital and public health agencies. And some health departments have revised interagency transferral forms to include more comprehensive information about the patient and family so that patient supervision and care can be better integrated.

### **Nursing Education and Service**

Just as good administration and coordination of services are essential to a positive nursing program, so is the provision of nursing consultation. The activities of the tuberculosis nursing consultant may vary considerably but should always include participation in the program planning and in the evaluation of services. She is the technical adviser and therefore should be able to see the many activities of

nursing in their proper perspective to the total control program. Thirty-four States now have tuberculosis nursing consultants, six of whom have extended their consultation services to hospitals as well as to public health agencies (5). In many instances it has been the nursing consultant who has been instrumental in bringing about improved services for patient care, broadened and intensified nursing education in tuberculosis, and improved clinic facilities. She has also helped to resolve inconsistencies in nursing practices in the hospital and in the home.

Our modern tuberculosis control program demands good supervision. In this the nursing supervisor (the public health nursing supervisor or the head nurse in the hospital) makes her important contribution. Her function is to make certain that the program is carried out as planned. She is the middleman between the director and the staff nurse. Through her interpretation of the staff nurse's problems she brings a realistic and practical approach to the director. In her work with the staff she is part educator, administrator, and adviser. Through her, skilled nursing care is provided to the patient and family.

The education of the student and graduate nurse in tuberculosis nursing has often been too limited or lacking. Recognizing that every nurse needs preparation in this field of nursing, schools of nursing are revising their curriculums to meet this need. A report of the Joint Tuberculosis Nursing Advisory Service (6) showed that 39 percent of all schools of nursing are now including tuberculosis nursing in the curriculum. We still have a long way to go. Education is basic to service, and we cannot be satisfied until all schools of nursing include clinical experience in tuberculosis with classroom instruction. This will be possible when more general hospitals accept tuberculosis patients and recognize every patient as an opportunity for student experience; when more tuberculosis hospitals are prepared to offer affiliation programs to schools of nursing; and when more public health agencies are able to accept students for field experience. To make up deficiencies in student nurse education, States have sponsored tuberculosis nursing work conferences and have offered this educational

program to all nurses in the State. These institutes have been sponsored jointly by tuberculosis associations, nursing organizations, and health departments. They not only have contributed to nursing education but have also made it possible for nurses in all areas of work to come together and think through their responsibilities in tuberculosis control.

Finally, it is the staff nurse—in the hospital, the public health agency, the school, the doctor's office, and industry—who gives direct service to the patient, the family, and the community. The effectiveness of the nursing service ultimately rests with her. And she can bring skillful, understanding, complete service to the community in which she works only if she has the security which comes with adequate professional preparation, well-planned supervisory and consultative guidance, and good administrative policies, and only if there are those other facilities and services available in the community which are essential to total patient care. Working within this framework, the staff nurse effectuates a positive approach to tuberculosis nursing.

#### REFERENCES

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